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APPLICANTS

Dean Schaefer, Laguna Hills, CA;
Brian J. Cox, Laguna Niguel, CA;
George R. Greene JR., Costa Mesa, CA;
David A. Ferrera, Manhattan Beach, CA;
Matthew Fitz, Encinitas, CA;
Robert F. Rosenbluth, Laguna Niguel, CA;

** CONTINUING DATA **

THIS APPLICATION IS A CIP OF 09/671,021 09/26/2000 PAT. Number 6,605,101

** FOREIGN APPLICATIONS **

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **
** 01/31/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Howard J. Klein
Klein & Szekeres, LLP
Ste. 700
4199 Campus Dr.
Irvine, CA 92612

TITLE

Microcoil vaso-occlusive device with multi-axis secondary configuration

FILING FEE RECEIVED 702	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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